U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
AND TO READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
E CHO DROP	
1. File Number U - 7772	2. Fiscal Year Covered From:
Control of control	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name James B Wells	Name International Union, UAW
	Labor Organization File Number [200-149
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 721 Dunn Road	Street 8000 E. Jefferson
City Hazelwood	City Detroit
State Missouri ZIP Code + 4 63042	State Michigan ZIP Code + 4 48214
5. Position in labor organization. Director	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's inowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed James B. Wells	On 8/12/2005 314/731-2800 Date Telephone Number

Name of Person Filing James Wells	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Harbaugh Corporation Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1600 N. Indian Canyon	9. Business deals with: a. Labor Organization b. Trust c. Employer	
City Palm Springs		
State California ZIP Code + 4 92:262		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Managing corporation for hotels located in	
Name	California and Texas.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing. UNKNOWN	
City	12.a, Nature of interest held or income received.	
State ZIP Code + 4	Received fruit basket as a Christmas gift. Basket was taken to the office and enjoyed by clerical employee.	
	12.b. Amount. \$100	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	